

Severe ulceration of the tongue: first symptom of a psychiatric disorder

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A young male (21 years old) was admitted to Head and Neck Pathology Department of 2nd University of Naples with a wide left tongue margin injury started three months ago; the lesion had been already biopsied at Department of Oral Sciences of the University of Palermo, with the histopathological diagnosis of ulcerated mucous membrane, superficially necrotic, in presence of both acute and chronic inflammation. The patient minimised these tongue bites by keeping a piece of cloth in the mouth; he showed progressive difficulty in chewing and swallowing foods. Additionally, he had multiple motor tics in the form of jerky movements of the trunk, shoulder, neck, limbs and vocal tics. The ulcerated oral lesion get wider quickly, up to a size of 4x5 cm, with the symptom of intense burning. A second incision biopsy was performed, excluding any picture of neoplasia and documenting again the presence of chronic inflammation, with remarkable angiogenesis. In that period the patient uttered often a cry, he was in need to bite the tongue, and he declared to have benefit and gratification during or after the biting. Laboratory investigations, CT, brain MRI and ENMG, did not reveal any abnormality. In the meantime a tongue retainer device was applied to avoid or limit the biting of lesion. The psychopathological history revealed the onset of the disorder one year before when the patient referred that he felt an increasing sense of tension before inflicting injuries to his tongue, besides the attempts to resist, and gratification or relief during or after the injury. After psychiatric evaluations were made a severe obsessive-compulsive disorder (OCD) resulted. Hence, the patient started a pharmacological treatment with citalopram and haloperidol (for the tics). Just one month later, the injury and the tics disappeared and the boy started working and normal social activities.

References

- Harrison M, Roberts GJ, Morgan PR, Pinkerton R. Oral Self-Mutilation Masquerading As Malignancy. J R Soc Med 1998 Jan; 91(1):40-2.
- Briere J, Gil E. Self-Mutilation In Clinical And General Population Samples: Prevalence, Correlates, And Functions. Am J Orthopsychiatry 1998 Oct; 68(4):609-20.